Nixon & Vanderhye P.C. (10/99) (Domestic Non-Assigned/Foreign)

## RULE 63 (37 C.F.R. 1.63) DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if not you en ame is listed below) or an original, first and joint inventor (if plural names are listed below) or a longinal, first and joint inventor (if plural names are listed below) or the subject matter which is claimed and for which a patient is sought on the invention entitled:

ELECTENOMACHETIC WAYD EDIFECTING DEVICE AND MANUFACTURING METHOD THEREOF

ILLECTION AGRESTIC WA	VE DETECTING DEVIC	E MID PHIOLE	CIONING PERIOD I	TILLIUM:		
the specification of which (chec	k applicable box(s)):					_
is attached hereto						
was filed on		as U.S. Applic	cation Serial No.		(Atty Dkt. No.	)
was filed as PCT Internat			on			
and (if applicable to U.S. or PC)	Γ application) was amended o	n				
I hereby state that I have review amendment referred to above. with 37 C.F.R. 1.56. I hereby clisted below and have also ident on which priority is claimed or, il Priority Foreign Application(s): Application Number 2000-359864	I acknowledge the duty to dis claim foreign priority benefits u ified below any foreign applica	close information wh under 35 U.S.C. 119 ation for patent or in	nich is material to the patent /365 of any foreign applicat ventor's certificate having a	tability of this ap	plication in accordance or inventor's certificate	
2000-030904		Japan			Z//NOVerriber/Z	.000
I hereby claim the benefit under Application Number  I hereby claim the benefit under the bliviest matter of each of the		Date/Month/Yea	r Filed		or halow and insofar as	
the subject matter of each of the 35.55.C. 112, I acknowledge the prior applications and the nation	ne duty to disclose material in	formation as defined	in 37 C.F.R. 1.56 which of	aillei piovided i	y the mat paragraph of	
Prior U.S./PCT Application(s):					Status: pater	nt d
Application Serial No.		Day/Month/Year	Filed		pending, aband	n d
ah.						
I begeby declare that all stateme to barrows and further that these of High/sonment, or both, under of tigs application or any patent of tigs application or any patent of tigs application or any patent of the statement of tigs application or any patent of the statement of tigs application or any patent and Tigs application of the statement of t	s statements were made with I. Section 1001 of Title 18 of th issued thereon. And on beha, V.A 22201-4714, Lelephone to same address) individually rademark Office connected th 7076; James T. Hosmer, 3015 in H. Davidson, 30251; Stanle and J. Sadoff, J. Sadoff, J. Sadoff, J. Sadoff, J. Sadoff, J. Sadoff, S. S	the knowledge that very consider the summer (703) 816-and collectively onerwith and with the 14; Robert W. Faris, y. C. Spooner, 2739; y. C. Spooner, 2739; d. G. Spooner, 2739; d. C. Spooner, 2739;	willful false statements and ear and that such willful false reof, I hereby appoint NIX flood (to whom all commune resolveners attorneys to presulting patent. Arthur 31552; Richard G. Besha. J. Beonard C. Michard, 285 (Byrns, 32205; Mary J. Williams) (S. Berns, 32205; Mary J. Willi	the like so made statements ma by a VANDERI nications are to secute this app. R. Crawford, 25 222770; Mark E. 109; Duane M. E. Islon, 32955; J. Gill, 37334; Micl. Islo authorize Ni communicated in ner(s).	are punishable by fine y jeopardize the validity HYE P.C., 1100 N rth b be directed), and the dilication and to transact 327; Larry S. Nixon, Nusbaum, 32348; yers, 33363; Jeffry H. Scott Davidson, 33489; aael J. Shea, 34725; xon & Vanderhye to	
Residence: (city) Post Office Address:	Kashihara-shi 494-16, Kuzumoto-cho Ka	anhihara ahi Nara Is		Japan	- 17	
(Zip Code)	634-0007	asımıara-sili Nara Ja	ipan .		<u>·</u>	_
(2.0 0000)	0010001					
<ol> <li>Inventor's Signature:</li> <li>Inventor:</li> </ol>			Date:			
	(first)	MI	(last)		(citizenship)	
Residence: (city)			(state/country)			
Post Office Address:						
(Zip Code)						
FOR ADDITIONAL INVENTOR	S, check b x 🔲 and atta	ch sheet with same	e Informati n and signatu	r and date for	each.	